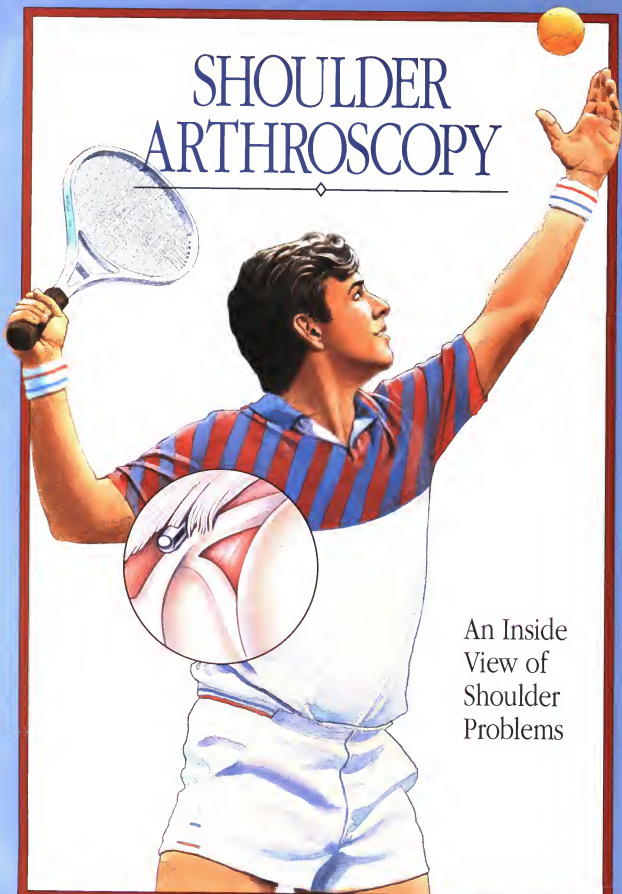


# SHOULDER ARTHROSCOPY

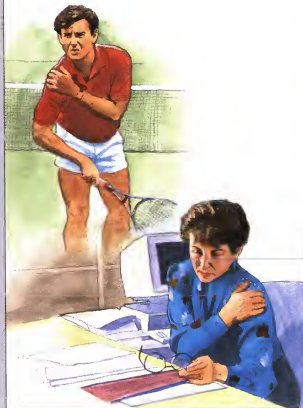
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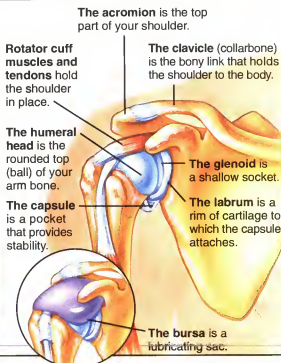
An Inside  
View of  
Shoulder  
Problems

# A Problem Shoulder

Your shoulder is one of your most mobile joints. But all the moving it does makes it prone to injury. Problems may happen over time, often from repeated overhead motions, or be caused by a sudden injury. The good news is that arthroscopy can help.



## Shoulder Anatomy



## Your Orthopaedic Evaluation

To learn why your shoulder hurts, your doctor does a thorough evaluation. This may include a medical history, an exam, and tests to look for the problem. Arthroscopy may also be needed to confirm this diagnosis.

### Medical History and Exam

You may be asked questions about your medical history. You may also be asked about your symptoms, past treatment, and family history. This helps your doctor find the cause of your shoulder problem. During your exam, your doctor may check for tenderness, weakness, painful or limited range of motion, and instability.



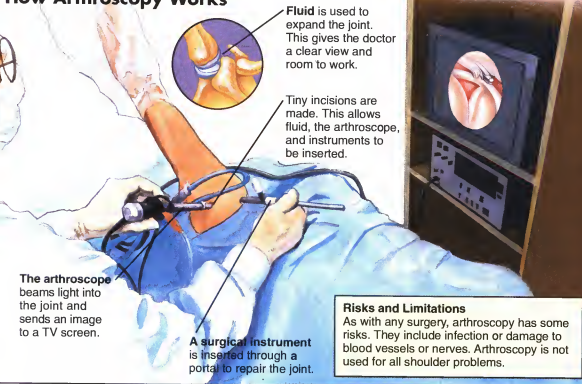
This booklet is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.

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# Arthroscopy: Looking Inside Your Joint

**Arthroscopy** (a surgical technique using small incisions) allows your doctor to see and work inside your shoulder. It is used to find the cause of many joint problems. It is often used to treat the problem at the same time. Because the incisions are so small, recovery is less painful than with open surgery.

## How Arthroscopy Works

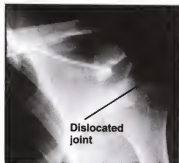


### Risks and Limitations

As with any surgery, arthroscopy has some risks. They include infection or damage to blood vessels or nerves. Arthroscopy is not used for all shoulder problems.

## Diagnostic Tests

Any of the tests below may be used before arthroscopy. These tests help pinpoint your injury and suggest treatment. They may also help your doctor know where to focus the arthroscope, if needed. Other tests, such as a CT arthrogram or a bone scan, may also be done.



**X-rays** can provide pictures of your bones. X-rays may reveal fractures, dislocations, and arthritis.



**Arthrograms** are special x-rays. Dye outlines soft tissue, helping to pinpoint tears.



**MRIs** (magnetic resonance imaging) provide clear pictures of tissues.

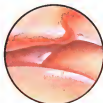
# The Arthroscopic Procedure

Arthroscopy is usually a same day (outpatient) surgery. This means no overnight hospital stay is needed. You may have lab tests before the day of surgery. You'll be asked not to eat or drink anything after midnight the night before your surgery. You are likely to have general and regional anesthesia. This medicine keeps you from feeling pain during the 1- to 2-hour procedure. Your doctor will use the arthroscope to view your shoulder joint. He or she may also treat the joint using small instruments. The tiny incisions will then be stitched or taped, and your shoulder will be bandaged.

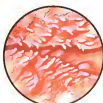
## Diagnosis

### ☐ Impingement

Repeated overhead movements can squeeze (impinge) and inflame your rotator cuff and bursa. The arthroscopic view may reveal swollen or torn soft tissue or overgrown bone.



Normal bursa



Swollen bursa



Partial rotator cuff tear

### ☐ Labrum tear

A dislocated or unstable joint may lead to a labrum tear. This may cause the shoulder to painfully "pop" or "catch." The arthroscopic view reveals a flap of loose, torn labrum.



Normal attached labrum



Torn labrum

### ☐ Instability

When a shoulder is forced beyond its range of motion, the ball can pop out of its socket. The capsule and labrum pull away from the socket (which may also fracture), causing instability.



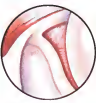
Normal capsule and labrum



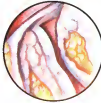
Loose capsule and labrum

### ☐ Arthritis

A variety of diseases, injuries, or infections may lead to arthritis. Arthritis is a roughening of the joint caused by worn cartilage and loose fragments of bone and cartilage (loose bodies).



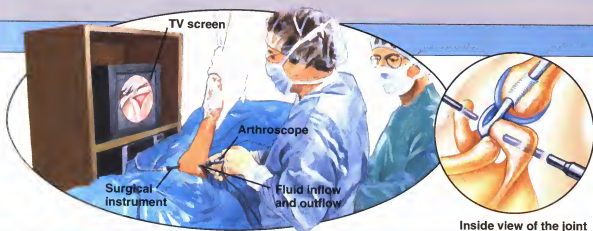
Normal smooth surfaces



Rough surfaces



Loose bodies



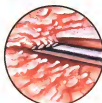
## Treatment

### Clear a space

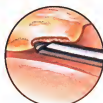
Surgery can help clear a space within your shoulder joint. Your doctor can shave a torn rotator cuff and remove a swollen bursa. Trimming acromion bone and removing ligaments may also help open up space.



Shaving torn rotator cuff



Removing bursa



Trimming acromion bone

### Remove torn labrum

Your doctor may use arthroscopy to remove a torn labrum. Sometimes open surgery may be needed to reattach this tissue and help stabilize the joint.



Removing torn labrum

### Stabilize the joint

To tighten and stabilize the joint, your doctor reattaches the capsule and labrum to the front of the glenoid. This is often done with arthroscopy. Sometimes open surgery is needed to reattach tissue more securely.



Reattaching capsule and labrum

### "Clean up" the joint

Your doctor can clean up an arthritic shoulder joint. He or she smooths rough surfaces and removes loose bodies. Scraping or shaving the bone may promote new cartilage growth.



Smoothing rough surfaces



Removing loose bodies



## Recovering from Arthroscopy

Arthroscopy is only the first step to getting your shoulder back to normal. You have a key role in the next step: rehabilitation. Right after surgery, you'll spend a few hours in a recovery area. You

### After Surgery

During the first few days, there are steps you can take to stay comfortable. Ice your shoulder for about 20 minutes, 3 times a day. Use a sling and pain medicines, if prescribed. Unless advised otherwise, gently move your arm and shoulder to help prevent stiffness and swelling. Your doctor may change your dressing during a follow-up visit. If your doctor approves, you may return to light work within a few days.



A dry towel will keep your incisions dry when you apply ice.



A sling may help reduce pain by resting the joint.



Your dressings may be changed during a follow-up visit.



### Call your doctor if...

...you have any of the following signs:

- fever
- numbness
- tingling
- redness
- increased pain
- swelling



### Special Instructions

Your doctor may use the space below to give you special instructions. Or you can use it for notes or questions.

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may be given a sling, an ice pack, or pain medicines. Once home, follow your doctor's advice. When you're ready, your doctor may prescribe physical therapy to improve your shoulder's range of motion and strength.

## Physical Therapy

Your surgeon and his or her team may prescribe a program of exercise and other therapy. You may start within a week of surgery. Your program is tailored to your shoulder problem and surgery. Stretches will help restore your shoulder's range of motion. When it's comfortable for you, a physical therapist may teach you strengthening exercises.



Restoring range of motion



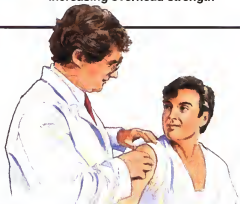
Increasing strength



Increasing overhead strength

## Follow-Up

At follow-up visits, your doctor will check your progress. He or she may change your dressings and look for signs of complications, such as infection.



## Feeling Fine Once Again

It's comforting to know that there is help for your shoulder problem. Your doctor's arthroscopic skills and your rehabilitation efforts can help you get back in action. Recovery from arthroscopy is less painful than recovery from open surgery. That means you may be able to return sooner to all the things you enjoy most.



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